



Nevada State Treasurer
Report of Unclaimed Property
(Remittance must accompany report)

HOLDER INFORMATION	
Date:	<i>Check only one:</i> Insurance Annual Report <input type="checkbox"/> Annual Report (all other entities) <input type="checkbox"/> Verification for Period Ending: December 31, _____ June 30, _____
Federal/Tax ID No.:	Contact Person:
Entity Name:	Title/Department:
Address:	Phone No.: _____ Fax No.: _____
City: _____ State: _____ Zip: _____	Nevada Holder Number: (From Postcard)
Did your entity file a Report of Unclaimed Property with the state of Nevada last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "NO," please explain:	
Prior Holder name and address:	
Principal Business Activity of your Company:	
State of Incorporation:	Date of Incorporation:
Parent Company Name:	Parent Company Federal/Tax ID No:

Please check the box that applies to the report being filed:

- ☐ **Negative Report** – (no funds, shares or safekeeping). As a duly authorized representative of the holder listed above, I do hereby certify that I have no unclaimed property to report.
- ☐ **Hardcopy** – Paper Report (Per NRS 120A, the state of Nevada may request electronic filings on reports of 15 or more properties)
- ☐ **Electronic Filing** – CD ROM / Diskette

SUMMARY OF PROPERTY REPORTED AND REMITTED	
a. Aggregate Total – Accounts less than \$50 or unknown owners	\$
b. Owner Total – Accounts with funds of \$50 or more (<i>Attach Unclaimed Property Detail</i>)	\$
c. Safekeeping Total – Amount of accounts remitted (<i>Attach Safekeeping Inventory</i>)	\$
c. Total sum of a and b above	\$

If funds were sent via wire transfer, Depository Trust Company (DTC) or Automatic Clearing House (ACH), confirmation must be included with report.

<u>Shares of Stock: Issue</u>	<u>CUSIP No.</u>	<u>Number of Shares</u>
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Were shares sent DTC: ☐ Yes ☐ No If "Yes", enclose confirmation

The undersigned declares under penalty of perjury that, to the best of his/her knowledge and belief, the information provided above and in the attached schedules is true and correct under the provisions of NRS 120A.260.

Printed Name

Signature

Title

Make check payable and mail to: Nevada Unclaimed Property 555 E Washington Avenue, Suite 4200, Las Vegas, NV 89101

FOR OFFICIAL USE ONLY					
Check #	Check Date	Amount	Deposit #	Deposit Date	G/L Number
Receipt ID:		Report ID:		Import Batch #:	